

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF DANNI ASKINI

1 I, Danni Askini, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I am the Executive Director of Gender Justice League, an organization founded
5 in 2012. I have held this position since 2012. My prior professional experience includes work as
6 a social worker, nurse, and a licensed therapist. In the latter role, I provided therapy exclusively
7 to trans youth and families for four years, focused primarily on the importance of welcoming
8 and accepting families in homes. I consider myself a child welfare expert and have published
9 and lectured extensively in the field of child welfare. Based on my professional experience, I
10 believe that family acceptance is a public health tool to prevent youth suicide.

11 3. Gender Justice League's mission is to empower all people to eliminate
12 discrimination and prejudice based on sex, gender identity, gender expression, and sexual
13 orientation in Washington State and beyond, and to ensure that TwoSpirit, Trans, & Gender
14 Diverse (2STGD) people can live our lives safely, true to ourselves, and free from
15 discrimination.

16 4. Gender Justice League's statewide headquarters are in Seattle but we operate
17 throughout the entire state of Washington. Our national office is in Alexandria, VA. Our
18 organization employs five full-time staff members. We have an eight-person board of directors
19 and 2,600 community members (individuals who applied for membership in our organization).

20 5. At Gender Justice League, we engage in advocacy. We conduct grassroots
21 organizing to make clear demands for policy change. We organize a Trans Advocacy Day every
22 year, where we bring busloads of 2STGD people and allies to the Washington state capitol,
23 providing them with the opportunity to meet with elected officials and advocate for policies
24 essential to the well-being and safety of our communities.

25 6. We advocate for an end to "state violence" which we define as specific acts of
26 government agencies, law enforcement, or legislature that criminalize 2STGD people or fail to

1 protect our human rights. We advocate for increased access to safe, affirming, affordable
2 Healthcare. We advocate for increased sustainable employment for 2STGD people. We also
3 advocate for safer schools for trans youth.

4 7. We also have a Community Security Program, where advocates offer one-on-one,
5 peer-based support to 2STGD people in accessing resources and services, learning about our
6 legal rights, strategizing ways to navigate service providers, and more. We regularly support
7 community members in accessing and navigating shelter and housing, gender-affirming
8 healthcare and mental healthcare, and legal name and gender change processes.

9 8. We organize Trans Pride Seattle, which is the largest arts and cultural event in
10 the pacific northwest for 2STGD people with 30,000 attendees each year.

11 9. We serve approximately 350-600 2STGD people per year, including around 75
12 youth and adolescent trans individuals.

13 10. A large number of young people we encounter at Gender Justice League are in
14 crisis or reaching out because they have experienced discrimination in healthcare, bullying,
15 harassment, or sexual or gender-based violence.

16 11. This population is at risk for suicide or attempted suicide. The Trevor Project
17 2024 LGBTQ Mental Health Survey, which my organization assisted with, found that 46% of
18 transgender and nonbinary young people seriously considered suicide in the last year. We have
19 found that access to supportive and affirming medical care is a determining factor in whether a
20 young trans person overcomes their suicidal ideation. Put simply, our organization has seen that
21 access to gender affirming care is the strongest indicator that a young trans person will not
22 attempt suicide.

23 12. In Washington State, we have seen a direct positive correlation between state
24 policies that support young trans individuals (including access to insurance coverage, gender
25 affirming care, and programs like the Seattle Children's Hospital's Gender Clinic) with higher
26 overall health outcomes, higher graduation and school participation rates, and lower rates of

1 depression and suicidality in trans youth. In parts of the state (such as Eastern Washington and
2 the Tri-Cities), where there are fewer gender affirming care providers and less access to
3 information, we have seen higher severity and crisis amongst the trans population. We know
4 firsthand that supportive and affirmative healthcare keeps young trans people healthy, safe, and
5 alive.

6 13. We assist our trans youth clients in obtaining the care and support they seek.
7 Many of our trans youth clients choose to go through a social transition. A social transition means
8 something different for everyone, but for many trans youth it means changing their clothing,
9 hairstyle, name, and/or pronouns. Amongst the trans youth population we serve, the most
10 common intervention we see is mental health counseling or therapy. Access to surgical care and
11 puberty suppression is a less common intervention. Fewer than 2% of trans youth we work with
12 seek medical interventions like puberty blockers, hormone replacement therapy, or surgical care.

13 14. I understand that the President of the United States has issued an Executive Order
14 (EO) severely limiting access to gender affirming care for transgender individuals under age 19.
15 This EO has already harmed our organization and client population in a number of ways.

16 15. Since the EO was issued, Gender Justice League has received a 600% increase in
17 call volume to our hotline. We are overwhelmed by the number of trans clients who need our
18 support. Our organization has already had to hire a new staff person to assist in responding to
19 this sharp increase in need. This is an immediate financial harm to our organization.
20 Additionally, our current staff have had to increase their work hours beyond a regular full-time
21 schedule.

22 16. We are also concerned for the EO's long term effects on our organization's
23 mission. We have a "no wrong door" policy, meaning that we will find a way to serve all young
24 trans people and their families that come to us. But we worry that if we must focus the entirety
25 of our energy on supporting young trans people in crisis, this will not allow us to work towards
26 our organization's broader civil rights, advocacy, and policy goals.

1 17. The EO has already deeply harmed our trans youth clients and their families. We
2 are receiving calls and emails from terrified parents, afraid for so many aspects of their trans
3 child's life. They are fearful their child will lose access to the medical care they need, including
4 mental health care. They are concerned their child will be targeted and discriminated against at
5 school and worry that their child's personal records will somehow be released. They are afraid
6 their child will lose health insurance coverage or access to medications they rely on, including
7 puberty blockers and hormone replacement therapy. Parents worry they will become the subject
8 of a child welfare investigation. We hear from parents whose children use puberty blocking
9 implants, inserted after careful consideration and consultation with qualified medical
10 professionals, who now worry that they should proactively remove the child's implant to avoid
11 legal jeopardy. We have spoken with a number of parents who are contemplating leaving the
12 country with their children to get their trans child the care they need.

13 18. There is strong research to suggest that when trans youth are unable to receive
14 the medical and mental healthcare they need, they will cope with untreated gender dysphoria by
15 engaging in substance use, sexual risk taking, and self-harm. The research also shows that when
16 LGBTQ+ patients are unable to access the care they want, they are less likely to seek the care
17 they need. For example, an individual prevented from accessing gender-affirming care may be
18 less likely to seek out PrEP medication to prevent HIV or HIV and STI testing. This dynamic
19 harms public health; when trust in the medical system is undermined, it is difficult to rebuild.

20 19. We have also had many gender affirming care providers reach out to us
21 expressing uncertainty and fear of persecution. Some providers in Washington report that they
22 are cancelling appointments with patients or asking patients to delay gender-affirming
23 procedures they had planned. Societally, the EO has a chilling effect and discourages free speech.
24 When providers and patients don't feel safe to discuss information about gender affirming care,
25 this chills resource sharing. Families will have less information on how to support their young
26 people.

1 20. I have lived through decades of trans and queer community history. I know from
2 a personal and organization perspective that this EO will harm a generation of trans youth.

3 I declare under penalty of perjury under the laws of the State of Washington and the
4 United States of America that the foregoing is true and correct.

5 DATED this 4th day of February 2025 at Alexandria, Virginia.

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8 DANNI ASKINI
9 Executive Director
10 Gender Justice League
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